

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Petitioner/Plaintiff

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent/Defendant

### PROPOSED PATERNITY RESOLUTION STATEMENT OF:

☐ FATHER  
☐ MOTHER

I, the person signing this document (or his or her attorney), believe the issues in this case should be resolved as follows:  
(BE SPECIFIC.)

1. IV-D Case:

- ☐ I receive or have received public assistance that may include AFDC, TANF, or AHCCCS for my children or me.
- ☐ I have a case with the Division of Child Support Enforcement.

2. Legal Decision Making (Custody): The other parent and I have the following natural or adopted children in common:

Child(ren)'s Name(s)	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I want the child[ren] to live primarily with ☐ Mother OR ☐ Father - and to have parenting time with the other parent as follows (check all that apply):

- ☐ In accordance with \_\_\_\_\_ County Guidelines for reasonable parenting time.
- ☐ Every other weekend from:  
                   \_\_\_\_\_ at \_\_\_\_ a.m./p.m. to  
                   \_\_\_\_\_ at \_\_\_\_ a.m./p.m.
- ☐ One-half of the holidays on an alternating basis.
- ☐ For \_\_\_\_\_ weeks in the summer from \_\_\_\_\_ to \_\_\_\_\_ (inclusive).
- ☐ Spring Break from school.
- ☐ Other:  
 \_\_\_\_\_  
 \_\_\_\_\_

This should be a ☐ sole OR ☐ joint legal decision making (custody) arrangement.

☐ Mother    ☐ Father    ☐ Both parents should make the decisions about the child(ren), such as schools, doctors, etc.

**3. Child Support:** My position on the financial factors necessary to calculate child support under the Arizona Child Support Guidelines is as follows (complete in full):

Father's Gross Monthly Income:            \$ \_\_\_\_\_

Mother's Gross Monthly Income:            \$ \_\_\_\_\_

- ☐ Father has \_\_\_\_\_ other child(ren) not listed above who live(s) in his household.
- ☐ Father has \_\_\_\_\_ other child(ren) not listed above for whom he pays court-ordered child support in the amount of \$ \_\_\_\_\_ per month.
- ☐ Mother has \_\_\_\_\_ other child(ren) not listed above who live(s) in her household.
- ☐ Mother has \_\_\_\_\_ other child(ren) not listed above for whom she pays court-ordered child support in the amount of \$ \_\_\_\_\_ per month.
- ☐ Medical Insurance should be paid by [ ☐ ] Mother [ ☐ ] Father. The monthly cost for the child(ren) is \$ \_\_\_\_\_.
- ☐ Dental Insurance should be paid by [ ☐ ] Mother [ ☐ ] Father.  
 The monthly cost for the child(ren) in this case is \$ \_\_\_\_\_

- ☐ Vision Care Insurance should be paid by ☐ Mother ☐ Father.  
The monthly cost for the child(ren) in this case is \$ \_\_\_\_\_
- ☐ Neither parent has insurance which is accessible and available at a reasonable cost.  
☐ Mother ☐ Father should pay cash medical support in the amount of \$ \_\_\_\_\_ per month.
- ☐ Monthly Child Care Costs for child(ren) is \$ \_\_\_\_\_.
- ☐ Extra Education Expenses or Extraordinary Child Adjustments: I believe the court should add the following to the child support calculation (leave blank if none claimed):

Description	Monthly Amount
_____	_____
_____	_____
_____	_____

- ☐ Uninsured Medical Expenses should be paid:
- ☐ Pro rata based upon each party's income as provided in the guidelines; or
- ☐ Other: \_\_\_\_% paid by Father and \_\_\_\_% paid by Mother.
- ☐ Tax Exemptions for the child[ren] should be divided (check one):
- ☐ Pro rata based upon each party's income as provided in the guidelines; or
- ☐ Other: \_\_\_\_\_
4. ☐ Past Support should be paid by ☐ Mother ☐ Father for the period of \_\_\_\_\_ through \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.
5. ☐ Direct payments for support have been ☐ received by me ☐ paid by me for the period of \_\_\_\_\_ through \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.
6. ☐ Past Medical Expenses have been incurred by me (and not reimbursed by insurance) for the period of \_\_\_\_\_ through \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ and the other parent should be ordered to reimburse me for \_\_\_\_% of those expenses.
7. ☐ Expenses for pregnancy, childbirth, and genetic testing have been incurred by me (and not reimbursed by insurance) in the amount of \$ \_\_\_\_\_ and the other parent should be ordered to reimburse me for \_\_\_\_% of those expenses.

8. Attorneys' Fees: If the case is settled today, I want the court to order (choose one):

- ☐ Each party to pay his or her own attorneys' fees and costs.
- ☐ Mother to pay \$ \_\_\_\_\_ of my attorneys' fees and costs within \_\_\_\_\_ days.
- ☐ Father to pay \$ \_\_\_\_\_ to other party for attorneys' fees and costs within \_\_\_\_\_ days.

9. Name Change: I want the child(ren)'s names to be changed as follows:

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10. Other Issues: Briefly state the other issues that you believe must be resolved to fully settle this case:

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11. Settlement: I verify that the above statements are true upon my best information and belief and I am willing to settle and resolve this case based upon the information provided above. I will be prepared to show documentation to support my position at the time of the conference or hearing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ☐ Mother ☐ Father

☐ Attorney for ☐ Mother ☐ Father